Company Tracking Number: 2010ARUAPRE

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

## Filing at a Glance

Company: United American Insurance Company

Product Name: 2010 UA Individual Pre- SERFF Tr Num: AMLC-126457018 State: Arkansas

standardized Rate Filing

TOI: MS02I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44576

Pre-Standardized Closed

Sub-TOI: MS02I.000 Medicare Supplement - Co Tr Num: 2010ARUAPRE State Status: Approved-Closed

Pre-Standardized

Filing Type: Rate Reviewer(s): Stephanie Fowler

Author: Sue Fisher Disposition Date: 02/02/2010

Date Submitted: 01/14/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: 03/01/2010 Implementation Date: 03/01/2010

State Filing Description:

#### **General Information**

Project Name: 2010 Annual Rate Filing Status of Filing in Domicile: Pending

Project Number: 2010ARUAPRE Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: A filing was

submitted to Nebraska our state of Domicile on

01-11-2010 and is pending review

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual

Group Market Size:

Overall Rate Impact: 15% Group Market Type:

Filing Status Changed: 02/02/2010 Explanation for Other Group Market Type:

State Status Changed: 02/02/2010

Deemer Date: Created By: Sue Fisher

Submitted By: Sue Fisher Corresponding Filing Tracking Number:

Filing Description:

2010 Annual Rate Filing for Individual Pre-Standardized Medicare Supplement Policy Forms DMC, DMXCO, DMXCU,

MAXC, MAXC+, MC1, MC3, MC7, MCCAT, MMS and MVXC

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your

Company Tracking Number: 2010ARUAPRE

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

consideration.

The attached Rate Filing Summary indicates that we are requesting a 15% rate revision on the above referenced policy forms.

## **Company and Contact**

#### **Filing Contact Information**

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com 3700 S. Stonebridge Drive 972-569-3241 [Phone] McKinney, TX 75070 972-569-3679 [FAX]

**Filing Company Information** 

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
P.O. Box 8080 Group Code: 290 Company Type: Life and Health

McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:

(972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: 1 \$50.00 fee for pre-standardized closed block of business grouped together

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

United American Insurance Company \$50.00 01/14/2010 33538401

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing
Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

# **Correspondence Summary**

#### **Dispositions**

Status Created By Created On Date Submitted

Approved- Stephanie Fowler 02/02/2010 02/02/2010

Closed

#### **Amendments**

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	2010 UA PRE Supporting Documents	Sue Fisher	01/21/2010	01/21/2010
Filing Notes				

Subject	Note Type	Created By	Created On	Date Submitted
2010 UA Pre-Standardized Annual Rate Filing	Note To Reviewer	Sue Fisher	01/21/2010	0 01/21/2010

 SERFF Tracking Number:
 AMLC-126457018
 State:
 Arkansas

 Filing Company:
 United American Insurance Company
 State Tracking Number:
 44576

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

## **Disposition**

Disposition Date: 02/02/2010

Implementation Date: 03/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after March 1, 2010. This approval is subject to the following:

• Increases will not be given more frequently than once in a twelve-month period

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this	Program:			
			Program:				
United American	15.000%	15.000%	\$	67	\$	15.000%	15.000%
Insurance Company							

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

ScheduleSchedule ItemSchedule Item StatusPublic AccessSupporting DocumentHealth - Actuarial JustificationAccepted for Informational PurposesSupporting Document (revised)2010 UA PRE Supporting DocumentsAccepted for No Informational PurposesSupporting Document2010 UA PRE Supporting DocumentsReplacedNo

Yes

Supporting Document2010 UA PRE Supporting DocumentsReplacedRate2010 UA PRE Rate PagesApproved

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

**Note To Reviewer** 

Created By:

Sue Fisher on 01/21/2010 11:10 AM

**Last Edited By:**Stephanie Fowler

**Submitted On:** 

02/02/2010 01:34 PM

Subject:

2010 UA Pre-Standardized Annual Rate Filing

**Comments:** 

Replaced Nationwide Projections and Parameters page with corrected page.

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

**Amendment Letter** 

Submitted Date: 01/21/2010

**Comments:** 

Replaced Nationwide Projections and Parameters page with corrected page.

**Changed Items:** 

**Supporting Document Schedule Item Changes:** 

User Added -Name: 2010 UA PRE Supporting Documents

Comment: Replaced Nationwide Projections and Parameters page with corrected page.

2010 AR Rate Filing Summary Page.pdf

2010 AR Rate History.pdf

2010 NW UA PRE Experience E & I.pdf

2010 UA PRE Projection and Parameters-Revised 1.20.10.pdf

SERFF Tracking Number: AMLC-126457018 State: Arkansas

Filing Company: United American Insurance Company State Tracking Number: 44576

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

#### **Rate Information**

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 12.000%

Effective Date of Last Rate Revision: 01/01/2009

Filing Method of Last Filing: SERFF

**Company Rate Information** 

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this	Program:			
			Program:				
United American	15.000%	15.000%		67		15.000%	15.000%

Insurance Company

 SERFF Tracking Number:
 AMLC-126457018
 State:
 Arkansas

 Filing Company:
 United American Insurance Company
 State Tracking Number:
 44576

Company Tracking Number: 2010ARUAPRE

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: 2010 UA Individual Pre-standardized Rate Filing

Project Name/Number: 2010 Annual Rate Filing/2010ARUAPRE

## Rate/Rule Schedule

Schedule Document Name: Affected Form Rate Rate Action Information: Attachments

Item Numbers: Action:\*

Status: (Separated with

commas)

Approved 2010 UA PRE Rate DMC, DMXCO, Revised

02/02/2010 Pages DMXCU, MAXC,

MAXC+, MC1,

MC3, MC7, MCCAT, MMS and MVXC Previous State Filing 40683 2010 AR UA PRE Number: Rate Pages.pdf

Percent Rate Change 15.000

Request:

McKinney, Texas

## Policy Form DMC

## 2010 Annual Medicare Rate Filing

#### **ARKANSAS**

Issue					Current	•	Proposed
Age					Annual		Annual
(Male or Female)					Premium		Premium
Ages 64 and Under					\$5,060		\$5,819
Modal Premium Factors:							
Semi-Annual	=	Annual	*	.520	(rounded to	near dollar)	
Quarterly	=	Annual	*	.265	(rounded to	near dollar)	
Monthly	=	Annual	1	11	(rounded to	near dollar)	
	For	Company	Us	e: Pl	an Code 19	95	

McKinney, Texas

Policy Form DMXC - Ages 65 & Over

## 2010 Annual Medicare Rate Filing

#### **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$1,574	\$1,810
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.520	(rounded to near	dollar)
Quarterly	==	Annual	*	.265	(rounded to near	dollar)
Monthly	=	Annual	1	11	(rounded to near	dollar)
	For	Company	Us	e: Pl	an Code 449	

McKinney, Texas

Policy Form DMXC - Ages 64 & Under

## 2010 Annual Medicare Rate Filing

#### **ARKANSAS**

Issue					Current	l l	Proposed	
Age					Annual		Annual	
(Male or Female)					Premium		Premium	
Ages 64 and Under					\$3,300		\$3,795	
Modal Premium Factors:								
Semi-Annual	=	Annual	*	.520	(rounded to	near dollar)		
Quarterly	=	Annual	*	.265	(rounded to	near dollar)		
Monthly	=	Annual	1	11	(rounded to	near dollar)		
	For	Company	Us	e: Pl	an Code 44	.8		

McKinney, Texas

## **Policy Form MAXC**

## 2010 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	F	Proposed	
Age					Annual		Annual	
(Male or Female)					Premium	•	Premium	
Ages 65 and Over					\$3,799		\$4,369	
Modal Premium Factors:								
Semi-Annual	=	Annual	*	.520	(rounded to	near dollar)		
Quarterly	=	Annual	*	.265	(rounded to	near dollar)		
Monthly	=	Annual	1	11	(rounded to	near dollar)		
	For	Company	Us	e: Pl	an Code 51	5		

McKinney, Texas

Policy Form MAXC+

# 2010 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Prop	osed
Age					Annual	Α	nnual
(Male or Female)					Premium	Prei	mium
Ages 65 and Over					\$3,300	\$	3,795
Modal Premium Factors:							
Semi-Annual	=	Annual	*	.520	(rounded to ne	ear dollar)	
Quarterly	=	Annual	*	.265	(rounded to ne	ear dollar)	
Monthly	=	Annual	1	11	(rounded to ne	ear dollar)	
	For	Company	Us	e: Pl	an Code 637		

McKinney, Texas

#### Policy Form MC1

#### 2010 Annual Medicare Rate Filing

#### **ARKANSAS**

## Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates

Benefit Description	Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium	
BASIC	Ages 65 and Over	\$3,564	\$4,099	
OPT A	Ages 65 and Over	\$4,635	\$5,330	
OPT B	Ages 65 and Over	\$3,898	\$4,483	
OPT AB	Ages 65 and Over	\$4,968	\$5,713	

Modal Premium Factors:

Semi-Annual = Annual \* .520 (rounded to near dollar)
Quarterly = Annual \* .265 (rounded to near dollar)
Monthly = Annual / 11 (rounded to near dollar)

For Company Use:

Plan Code 192 BASIC

Plan Code 190 OPT A Plan Code 193 OPT B Plan Code 191 OPT AB

McKinney, Texas

#### Policy Form MC3

#### 2010 Annual Medicare Rate Filing

#### **ARKANSAS**

## Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates

	-	,		
	Issue	Current	Proposed	
Benefit	Age	Annual	Annual	
Description	(Male or Female)	Premium	Premium	
BASIC	Ages 65 and Over	\$3,716	\$4,273	
OPT A	Ages 65 and Over	\$4,738	\$5,449	
OPT B	Ages 65 and Over	\$4,011	\$4,613	
OPT AB	Ages 65 and Over	\$5,033	\$5,788	

Modal Premium Factors:

Semi-Annual = Annual \* .520 (rounded to near dollar)
Quarterly = Annual \* .265 (rounded to near dollar)
Monthly = Annual / 11 (rounded to near dollar)

For Company Use:

Plan Code 184 BASIC Plan Code 182 OPT A Plan Code 185 OPT B Plan Code 183 OPT AB

McKinney, Texas

## Policy Form MC7

## 2010 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age	•				Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$2,360	\$2,714
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.520	(rounded to near	dollar)
Quarterly	=	Annual	*	.265	(rounded to near	dollar)
Monthly	=	Annual	1	11	(rounded to near o	•
	For	Company	Us	e: Pl	an Code 610	NB RD DO NORMAN (1994-1994)

McKinney, Texas

# Policy Form MCCAT

# 2010 Annual Medicare Rate Filing

#### **ARKANSAS**

Issue					Current	ŀ	Proposed	* .
Age					Annual		Annual	
(Male or Female)	***************************************				Premium		Premium	
Ages 65 and Over					\$4,423		\$5,086	
Modal Premium Factors:								
Semi-Annual	=	Annual	*	.520	(rounded to	near dollar)		
Quarterly	==	Annual	*	.265	(rounded to	near dollar)		
Monthly	=	Annual	1	11	(rounded to	•		
	For	Company	Us	e: Pl	an Code 35	3		***************************************

McKinney, Texas

## **Policy Form MMS**

## 2010 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$5,322	\$6,120
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.520	(rounded to near	dollar)
Quarterly	=	Annual	*	.265	(rounded to near	dollar)
Monthly	=	Annual	1	11	(rounded to near	dollar)
	For	Company	Us	e: Pl	an Code 742	

McKinney, Texas

## Policy Form MVXC

## 2010 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	· Pro	posed
Age				•	Annual		Annual
(Male or Female)					Premium	Pr	emium
Ages 65 and Over					\$4,371	:	\$5,027
Modal Premium Factors:							
Semi-Annual	=	Annual	*	.520	(rounded to ne	ear dollar)	
Quarterly	=	Annual	*	.265	(rounded to ne		
Monthly	=	Annual	1	11	(rounded to ne	•	
	For C	ompany	Us	e: Pl	an Code 570		